CITY OF VERO BEACH RECREATION DEPARTMENT

Riverside Racquet Complex
350 Dahlia Lane
Vero Beach, FL 32963
(772) 231-4787

Session # _____Instructor:_____ Dates: _____

REGISTRATION INFORMATION
(PLEASE FILL IN ALL BLANKS WHERE APPLICABLE)

CHILD'S NAME _____ AGE: _____ DOB: _____ M/F_____

CHILD'S NAME _____ AGE: _____ DOB: _____ M/F_____

CHILD'S NAME _____ AGE: _____ DOB: _____ M/F_____

MOTHER'S NAME_____ STREET ADDRESS_____

FATHER'S NAME_____ CITY _____ZIP_____

PARENT DRIVERS LICENSE NO._____

EMERGENCY CONTACT PERSON:_____

EMERGENCY CONTACT PHONE:_____ RELATIONSHIP TO CHILD:_____

NON-EMERGENCY: Please number the box of the phone we contact 1st; if no answer 2nd; 3rd, etc.

HOME PHONE: _____

DAD'S WORK PHONE_____ MOM'S WORK PHONE_____

DAD'S CELL PHONE _____MOM'S CELL PHONE_____

ALLERGIES:_____

NAME OF FAMILY HOSPITALIZATION INSURANCE COMPANY:_____

POLICY NO._____ GROUP NO. (if applicable)_____

Please check all applicable:

_____YES, SUNSCREEN MAY BE APPLIED TO MY CHILD.

_____NO, SUNSCREEN MAY NOT BE APPLIED TO MY CHILD.

ADDITIONAL COMMENT:_____

PLEASE LIST THE NAMES OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD

_____ _____

_____ _____

_____ _____

Please initial the following:

_____I have read and understand all of the rules.

Signature_____ Date_____